

Testing & Treatment History Questionnaire		Staff use only
		Name/Code _____
<p><i>Thank you for filling out this form. Please read all questions carefully. Remember that all the answers you give will be kept private. Some of the answers that you give will allow you to skip some of the questions. If you are not told to go to a different question, please answer the questions in order. First are a few questions about your past HIV tests.</i></p>		
1. Today's date	____ / ____ / ____ <small>month day year</small>	
2. When was your <u>first</u> positive test for HIV?	____ / ____ <small>month year</small>	
3. When you first tested positive for HIV (on the date in question 2) was it anonymous (did you get a number or code instead of giving your name)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No <input type="checkbox"/> ₇ Refused <input type="checkbox"/> ₉ Don't know	
4. In what state did you get your first positive HIV test?	State: _____	
5. Have you ever had an HIV test that was negative?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No <input type="checkbox"/> ₇ Refused <input type="checkbox"/> ₉ Don't know	
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">STOP</div> <p>If NO, skip to question 7.</p> </div>		
6. When did you last test <u>negative</u> for HIV?	____ / ____ <small>month year</small>	
7. In the two years before your first positive test (on the date in question 2), how many times did you get tested for HIV <u>including</u> the first positive test?	<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="text-align: center;"> <u>1</u> <small>first positive test</small> </div> <div>+</div> <div style="text-align: center;"> ____ <small># of negative tests during prior 2 years</small> </div> <div>=</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> </div> <div style="text-align: center; font-size: small;"> total # of tests in 2 years </div> </div>	
<p><i>These last questions are about HIV medicines. Sometimes these are used to try to prevent HIV infection. This is called post-exposure prophylaxis, or PEP. Some of the medicines are also used to treat Hepatitis B. These medicines can also be used in HIV treatments called HAART or the AIDS cocktail.</i></p>		
8. In the past six months have you taken any antiretroviral medicines to treat or try to prevent HIV or Hepatitis?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No <input type="checkbox"/> ₇ Refused <input type="checkbox"/> ₉ Don't know	
<div style="display: flex; align-items: center;"> <div style="background-color: red; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">STOP</div> <p>If NO, STOP, you are done.</p> </div>		
9. Which ones did you take? Please list them. If you are not sure of which medicines you took in the last six months, please include medicines you MIGHT have taken during that time.)	_____ _____ _____	
10. What was the <u>first</u> day you took any of the medicines?	____ / ____ / ____ <small>month day year</small>	
11. When was the <u>last</u> day you took any of the medicines?	____ / ____ / ____ <small>month day year</small>	